

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214527148</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>RAPPAHANNOCK LEGAL SERVICES, INCORPORATED</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ANN H KLOECKNER</b>  <b>618 KENMORE AVENUE</b>  <b>SUITE 1-A</b></p> <p><b>FREDERICKSBURG, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FREDERICKSBURG CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2014</b></p> <p>SCC ID NO: <b>01456359</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 500 LAFAYETTE BLVD STE 100</p> <p style="text-align: center;">CITY/ST/ZIP: FREDERICKSBURG, VA 22401</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      JEANNE DAHNK ESQ  TITLE:                      PRESIDENT  ADDRESS:                  1103 PRINCESS ANNE ST.  CITY/ST/ZIP/CO:        FREDERICKSBURG, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME:                      JEANNE DAHNK ESQ TITLE:                      PRESIDENT ADDRESS:                  1103 PRINCESS ANNE ST. CITY/ST/ZIP/CO:        FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      GEORGE F. STOCKES III  TITLE:                      VICE PRESIDENT  ADDRESS:                  S.A.F.E.                                      PO BOX 402  CITY/ST/ZIP/CO:        CULPEPER, VA 22701 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME:                      GEORGE F. STOCKES III TITLE:                      VICE PRESIDENT ADDRESS:                  S.A.F.E. PO BOX 402 CITY/ST/ZIP/CO:        CULPEPER, VA 22701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:                      GEORGE F. STOCKES III TITLE:                      VICE PRESIDENT ADDRESS:                  S.A.F.E. PO BOX 402 CITY/ST/ZIP/CO:        CULPEPER, VA 22701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      TERI DRAKOPULOS  TITLE:                      SECRETARY  ADDRESS:                  500 LAFAYETTE BLVD                                      STE 100  CITY/ST/ZIP/CO:        FREDERICKSBURG, VA 22401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME:                      TERI DRAKOPULOS TITLE:                      SECRETARY ADDRESS:                  500 LAFAYETTE BLVD STE 100 CITY/ST/ZIP/CO:        FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEIRDRE CALANESE TREASURER PBMAES 725 JACKSON STREET FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R. DANIELI ESQ. DIRECTOR GETTY AND ASSOCIATES PO BOX 1040 LOCUST GROVE, VA 22508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN ELLIS ESQ DIRECTOR 174 BAYBERRY POINT LANE KILMARNOCK, VA 22482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CANDICE L. HALL ESQ. DIRECTOR PO BOX 218 THE PLAINES, VA 20198	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMARA JEZIC ESQ. DIRECTOR YACUB LAW OFFICE 12761 DARBY BROOK CT WOODBIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLLEEN JORDAN DIRECTOR PO BOX 1734 WARSAW, VA 22572	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW R. KITE ESQ. DIRECTOR PO BOX 292 KING WILLIAM, VA 23086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM KOPCSAK ESQ. DIRECTOR PO BOX 6905 IRVINGTON, VA 22480	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TERI DRAKOPULOS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERI DRAKOPULOS, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/27/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			